PTO/SB/01 (10-01)

Approved for use through 10/31/2002, OMB 0851-0932

U.S. Petent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a veild OMB control number.

DECLADATION FO	פה עדו זודוו פ	Attorney Docket Nu	nber				
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		First Named Invento	Chris	tensen			
		COMPL	COMPLETE IF KNOWN				
		Application Number		,			
		Filing Date					
Declaration OR	Declaration Submitted after Initial Filing (surcharge	<del></del>	<del></del>				
Submitted OR with Initial		Art Unit					
Filing	(37 CFR 1.16 (e)) required)	Examiner Name		)			
As the below named inventor, I her	•						
My residence, mailing address, and d	·	•					
I believe I am the original and first invi	entor of the subject matter w	hich is claimed and for whi	ch a patent is sou	ght on the invention entitled:			
METHOD AND APPARATU	C EVAD CEMENITATA 1	DIDE IN OIL AND	ONG METERS				
TELINOD AND AFFARAIO	S FOR CEMENTING	LINE IN OIT WAD	GAS WELLS				
				·			
	(Title of the In	vention)					
the specification of which	( , , , , , , , , , , , , , , , , , , ,		,	-			
X is attached hereto							
is attached hereto							
OR [							
was filed on (MWDD/YYYY)		as United States Ap	plication Number	or PCT International			
L							
A noticettee Atumber	and was amanda	d an (MM/DD00000)		M P 1 - 2			
Application Number and was amended on (MM/DD/YYYY) (if applicable).							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by							
any amendment specifically referred to	above.	the above identified specif	cauon, including t	ne claims, as amended by			
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part							
applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
hereby dalm foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for nateot inventor's or plant							
breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant							
breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application	Country	Foreign Filing Date	Priority	Certified Copy Attached?			
Number(s)	Country	(MM/DD/YYY)	Not Claimed	YES NO			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
[Page 1 of 2]							

Burden Hour Statement: This form is astimated to take 21 minutes to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-01)

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, so persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: X Customer Number or Bar Code Label 23828 OR Correspondence address below						
Name						
					· · · · · · · · · · · · · · · · · · ·	
Address						
		T		~~~		
City			State			ZIP
Country	elephone					Fax
Country						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:	Ape	tition ha	s bee	n filed for t	his unsign	ed inventor
Given Name			Family	Name		
Given Name (first and middle [if any]) Byron D. Family Name or Surname Christensen					ensen	
Inventor's Signature					Date Oct 17, 2003	
Residence: City Calgary	State	AB		Country Ca	anada	Citizenship Canadian
92 Cladatana Cand	P T.T					. 1
Malling Address 83 Gladstone Gard	ens S.w	•				
				_		
city Calgary	State	AB		ZIP T3E	7F4	Country Canada
NAME OF SECOND INVENTOR:	A petit	tion has	been	filed for thi	s unsigne	d inventor
Given Name (first and middle [if any])			Family Name or Surname			
Inventor's Signature					Date	
	<u> </u>					
Residence: City	State			Country		Citizenship
Malling Address						
City	State			ZIP		Country
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OM8 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Christensen
Title	METHOD AND APPARATUS FOR
Group Art Unit	CEMENTING PIPE IN OIL AN GAS WELLS
Examiner Name	
Attorney Docket Number	

I hereby appoint:				
Practitioners at OR Practitioner(s) no	<u> </u>	Place Customer Number Bar Code Label here		
	Name	Registration Number		
	r agent(s) to prosecute the application io States Patent and Trademark Office cor			
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Place Customer Number Bar Code Label here				
Firm or Individual Name				
Address				
Address				
City		State Zip		
Country				
Telephone	1	Fax		
I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name Byron D. Christensen				
Signature Signature				
'e Ocroson 17/2003				
'quatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple by than one signature is required, see below.				
——————————————————————————————————————	rms are submitted.			

This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents. Washington, DC 20231.